

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>0977403543</b>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2	1		1				52				
3		(1)		(1)			53				
4		(1)		(1)			54				
5		(1)		(1)			55				
6		(1)		(1)			56				
7		(1)		(1)			57				
8		1		1			58				
9		1		1			59				
10		(1)		1			60				
11		(1)		1			61				
12		(1)		1			62				
13		(1)		1			63				
14		(1)		1			64				
15		(1)		1			65				
16		(1)		1			66				
17		(1)		1			67				
18		(1)		1			68				
19		(1)		1			69				
20		(1)		1			70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	18	↓	18	↓		↓	TOTAL DEP.		↓		↓
TOTAL CLAIMS	20		20				TOTAL CLAIMS				